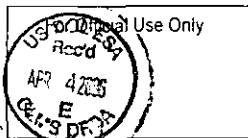


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 File Number U - <b>8142</b>                                                                                                                                                                                                                | 2 Fiscal Year Covered From<br><b>1 / 1 / 2005 Through 12 / 31 / 2005</b>                                                                                                                                                                                                                                                                |
| 3 Name and address of person filing<br><br>Name <b>Victoria R Collins</b><br><br>P O Box, Bldg, Room No., if any<br><br>Street <b>2116 Kennedy</b><br><br>City <b>Rochester Hills</b><br><br>State <b>Michigan</b> ZIP Code + 4 <b>48309</b> | 4. Name, file number, and address of labor organization.<br><br>Name <b>UFCW Local 876</b><br><br>Labor Organization File Number <b>039-461</b><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <b>876 Horace Brown Drive</b><br><br>City <b>Madison Heights</b><br><br>State <b>Michigan</b> ZIP Code + 4 <b>48071</b> |
| 5 Position in labor organization <b>President</b>                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

|                                                                                                                                                                                                   |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 6. Name and address of Employer (including trade name, if any)<br><br>Name<br><br>Trade Name, if any:<br><br>P O. Box, Bldg, Room No., if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income.<br><br><br><br><br><br><br><br><br><br>7.b. Amount. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Victoria R. Collins*

On **3-30-06**

Date

**248-585-9671**

Telephone Number

|                                        |                |
|----------------------------------------|----------------|
| Name of Person Filing Victoria Collins | File Number U- |
|----------------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any).

Name Michigan UFCW Unions & Employers H&W Fund

Trade Name, if any

P O Box, Bldg, Room No., if any

Street 876 Horace Brown Drive

City Madison Heights

State Michigan ZIP Code + 4 48071

9 Business deals with

a. Labor Organization

☒ b Trust

c. Employer

10 If 9 b or 9 c is checked give trust or employers name

Name Michigan UFCW Unions & Employers H&W Fund

Trade Name, if any

P O Box, Bldg, Room No., if any

Street 876 Horace Brown Drive

City Madison Heights

State Michigan ZIP Code + 4 48071

11.a. Nature of such dealing

1. Attend Quarterly Meetings & Operational Meetings
2. Attend Educational Conferences

11 b Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

\*Reimbursement of expenses incurred. See attached details.

12 b Amount.

\$701

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any

P O Box, Bldg, Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13 b Is the Business an Employer or C consultant ?

14.b Amount of payment

**Michigan UFCW Unions and Employers Health and Welfare Fund**  
**876 Horace Brown Drive, Madison Heights, MI 48071**  
**Phone: (248) 585-9610, Fax: (248) 588-4008**

2005 Expenses Paid by Fund for Victoria R. Collins (Trustee)

| Date           | Event                                   | Registration | Transportation | Lodging   | Meals     | Subtotal  |
|----------------|-----------------------------------------|--------------|----------------|-----------|-----------|-----------|
| 12/16/05       | Board of Trustees Mtg.                  |              |                |           | \$ 28.08  | \$ 28.08  |
| 12/15/05       | Operations Committee                    |              |                |           | \$ 85.71  | \$ 85.71  |
| 11/11-16/05    | Airfare Cancellation Fee for IBEFP Conf |              | \$ 100.20      |           |           | \$ 100.20 |
| 5/31/05-6/1/05 | Board of Trustees Mtg.                  |              |                | \$ 270.00 | \$ 150.03 | \$ 420.03 |
| 5/13/05        | SPD/Plan Doc Mtg                        |              |                |           | \$ 34.33  | \$ 34.33  |
| 3/18/05        | Board of Trustees Mtg.                  |              |                |           | \$ 32.87  | \$ 32.87  |
|                |                                         |              |                |           |           |           |
| <b>Totals</b>  |                                         | \$ -         | \$ 100.20      | \$ 270.00 | \$ 331.02 | \$ 701.22 |

Prepared by Angela M. Nick  
3/30/06